

ZIPS

Zero to age 21: Information Promoting Success
for Public Health Professionals working with Kansas Kids

Special Points of Interest:

- Effects of Methamphetamine Use During Pregnancy
- Mothers Can Impact Overweight and Obesity Beginning at Home
- Red Ribbon Week
- 2006 Annual Perinatal Association of Kansas (PAK) Conference
- October is SIDS Awareness Month

Home Visitation Training Enriches Attendees Work with Kansas Families



Twenty-five home visitors attended the Kansas Home Visitation Training at the Dodge City Community College the weeks of September 11 and 18. Representatives from Arrowhead West Incorporated, regional local health departments, and area Parents as Teachers provided a rich blend of knowledge and experiences that was shared in small and large group activities. There were many areas of home visitor expertise represented: teachers, speech language pathologists, paraprofessionals and nurses. Those participants new to home visitation found a wealth of knowledge and resources in their interactions with the more experienced visitors.

Participants explored topics related to developing partnerships with the families that they work with. Topics discussed included culture, ethnicity, communication, confidentiality, empowerment, family systems, addictive behaviors, domestic / child abuse, and community resources, to name but a few. Training content was adapted from the Nebraska Home Visitation Curriculum that uses group interaction and facilitator presentations. The Kansas Methamphetamine Pre-

vention Project provided their Web cast, "Melting the Ice" and "Safety for Home Visitors" information for the facilitators to use during the training, as well as several printed resources. The Kansas Service Children's League and the Children and Families Services of the Kansas Department of Social and Rehabilitation Services provided the newly revised *A Guide for Reporting Child Abuse and Neglect in Kansas* for each participant to use as a resource in their work.



Pictured from left to right: Fabiola Ortega and Elizabeth Carrillo, Head Start home visitors, discuss strategies to use during a home visit scenario.

If you are conducting home visits and your agency does not require your attendance, you are encouraged to attend this training to create a common philosophy and standard for home visitation in Kansas. Participants of the Dodge City training gained additional knowledge, and found their personal and professional roles enriched by the time spent with colleagues in the field of home visitation.

More training is offered throughout the year at various locations throughout Kansas. To view future trainings, go to <http://ks.train.org> or to "Home Visitation Training" at www.kdheks.gov/c-f/. For more information, contact Jamie Klenklen at jklenklen@kdhe.state.ks.us or at 785-296-1234.

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PERINATAL HEALTH

Joe Kotsch, Perinatal Consultant



Women's Ability to Breastfeed Upon Returning to Work



Women across the nation are attempting to provide their infants with the optimal source of nutrition by breastfeeding, but become frustrated while faced with inconsistent workplace policies that serve to complicate their ability to breastfeed or pump. Nearly half of all new mothers return to work in the first year after giving birth, but no federal law protects their right to pump breast milk at work. Twelve states have passed laws, but most are virtually toothless, giving discretion to employers to decide on providing reasonable break times and privacy. The U.S. Department of Health and Human Services is beginning a campaign entitled, *"The Business Case for Breastfeeding,"* that will emphasize that breastfeeding reduces absenteeism and pediatrician bills. However, the disparities between well-paid professional women and mothers with lower-income jobs

(such as jobs in restaurants, factories, call centers, and the military) are significant. Corporate jobs often provide lactation support as a benefit to working mothers, including free or subsidized breast pumps, access to lactation consultants, and special rooms for pumping milk. Whereas, women in lower-paying jobs often find themselves unable to find time to pump milk. Further, according to leading pediatricians, many breastfeeding mothers are afraid of talking to their employers for fear of losing their jobs or feeling less of themselves. Many women facing multiple obstacles to pumping breast milk on the job in lower paying jobs have indicated they felt like they had to choose between giving their infants optimal nutrition through breastfeeding and working a job to make a living. For additional ideas on how to encourage breastfeeding in the workplace go to: www.worldwit.org/BreastfeedingResources.aspx

Effects of Methamphetamine Use During Pregnancy

Preliminary results from *"The Infant Development, Environment, and Lifestyle Study: Effects of Prenatal Methamphetamine Exposure, Polydrug Exposure, and Poverty on Intrauterine Growth,"* *Pediatrics*, Volume 118, Number 3, September, 2006 seem to indicate that there is a relationship between methamphetamine use and growth restriction in babies born at term. This study was supported in part by grants from the National Institute on Drug Abuse and the National Center on Research Resources. The study authors also noted an increased incidence of growth restriction and lower birth weight in babies exposed to methamphetamine. Through a retrospective analysis of data from babies exposed to both methamphetamine and smoking there was a significant decrease in growth parameters when compared to babies exposed to methamphetamine alone. This information is coupled with current knowledge of low birth weight infants having increased risks for mortality and childhood morbidity. Also, children born with the condition of

small for gestational age (SGA) are at an increased risk of developing type 2 diabetes and metabolic syndrome later in life. The message seems clear. Health-care providers for pregnant women should address alcohol and substance abuse issues and help link these women to appropriate social services and supports in their community. In addition, health-care providers for women should strongly consider screening for alcohol, tobacco and substance use as well as educating women on the risks to unborn children that are associated with alcohol, tobacco and other substance use during pregnancy. These screenings and education of risks should be conducted in a culturally sensitive and non-judgmental manner and should occur during well woman visits even if the woman is not considering a pregnancy. For resources related to this topic go to: www.kdheks.gov/methwatch/ or <http://prevention.samhsa.gov/>.





CHILD HEALTH

Brenda Nickel, Child Health Consultant



Survey Finds Mother's Can Impact Overweight and Obesity Beginning at Home



Following the Institute of Medicine report, *Progress in Preventing Childhood Obesity: How Do We Measure Up?*, which found U.S. efforts to tackle child obesity are increasingly ineffective, America On the Move Foundation (AOM) released results from a national survey that indicates mothers are key to creating a healthier America. "The fight

against obesity in America begins at home," said Jim Hill, Ph.D., co-founder of AOM and professor of pediatrics and medicine at the University of Colorado Health Sciences Center. "Our research shows that even while kids look to their moms as a key source of health information, more than half of them also worry about their parents' weight. AOM's national survey, conducted by Harris Interactive®, polled 1,487 youth, age 8 to 18, regarding their attitudes and views on healthy eating and regular physical activity. Results show:

- Our children are worried.
- Many kids know what has to be done.
- Moms are the key.

"This survey emphasizes the importance of surrounding our children with healthy living habits and messages," said Janet Collins, Ph.D., director, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. "If from an early age kids learn how to live active, healthier lives, as adults they will be less at risk for chronic, obesity-related diseases." To find out more about this survey, please visit http://aom.americaonthemove.org/site/c.krLXJ3PJKuG/b.2066795/k.B84E/Capitol_Hill_Forum.htm.

Other resources for information about childhood overweight and obesity include: The recently published Future of Children publication *Childhood Obesity* is available at www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=349724

A new HRSA publication, "*Overweight and Physical Activity Among Children: A Portrait of States and the Nation, 2005*," reports on the prevalence of overweight and levels of physical activity among children and their families at the national and state levels using data from the 2005 National Survey of Children's Health. <http://mchb.hrsa.gov/overweight/>



National Association of School Nurses

Posts New and Updated Position Statements and Issue Briefs

Visit the Resources & Information section of the NASN Web site to view updated and position papers and reports recently posted. New and updated papers (position statements) cover topics such as delegation, diabetes, disaster planning, and health care reform. New and updated reports (issue briefs) cover topics such as chronic health, vision, and I.D.E.A. www.nasn.org/Default.aspx?tabid=61

Healthy School Nominations Requested by Governor's Office



Do you know a local school or school district that incorporates the good practices of Healthy Kansas into their school community? Nominate them for a Healthy School award from the Governor.

For an application and more information on "healthy stuff," visit the Healthy Kansas Website at www.healthykansas.org/healthy_stuff.html#school



ADOLESCENT HEALTH

Jane Stueve, Adolescent Health Consultant
Pamela Combes, Abstinence Education Consultant



Depression and Risky Teen Sexual Behaviors: Is There a Link?



According to the National Campaign to Prevent Teen Pregnancy, 67 percent of teens who have had sexual intercourse regret it and say they wish that they had waited until they were older. The figure for teenage girls is higher at 77 percent.

Emotional turmoil and psychological distractions occur when teenagers engage in sexual activities. Sexually active girls are three times more likely to be depressed than girls who are not sexually active. Teenage boys who are sexually active are more than twice as likely to be depressed when compared to boys who are not sexually active.

Compared with peers, sexually active teenagers are more likely to attempt suicide. Girls are three

times more likely to if they are sexually active compared to peers who are not and teenage boys are eight times more likely to than boys who are not.

Could there be a link between teenage abstinence and happiness? According to Robert E. Rector of the Heritage Foundation: "When compared with women who began sexual activity in their early twenties, girls who initiated sexual activity at ages 13 or 14 were less than half as likely to be in stable marriages when they are in their thirties. Beginning sexual activity at an older age is linked to higher levels of personal happiness in adult years." For further information on abstinence go to www.heritage.org.



Red Ribbon Week



October 23 to 31 is national Red Ribbon Week, a time set aside for communities to unite and educate children about the harmful effects of drugs and to show them the benefits of a drug free lifestyle. Please join the effort by wearing a Red Ribbon during this week. Take time to talk to your families, neighbors and communities about living a drug-free lifestyle.

Each year the Kansas chapter of Red Ribbon has a contest to recognize the efforts of the MADD chapters during Red Ribbon Week. For ideas on activities for Red Ribbon week, or more information on forming a MADD chapter in your community go to www.kansasfamily.com/ or contact Maria Torrez Anderson, state coordinator for Red Ribbon Campaign, at 785-266-6161 or 1-800-206-7231.

TeenScreen for Mental Health

The Columbia University offers a TeenScreen Program which assists communities with implementing mental health and suicide risk screening programs for teens. The goal of the TeenScreen Program is to ensure that all parents are offered the opportunity for their teens to receive a confidential, voluntary mental health check-up. The program provides communities with free screening instruments and training to identify youth at risk for suicide and those suffering from unidentified mental illness. For additional information about the TeenScreen Program, please visit www.teenscreen.org or call 1-866-833-6727.



In the September issue, with the article regarding National Suicide Prevention Week, we listed Liz McGinness' email incorrectly. Her correct email address is lmcginness@usd259.net. We apologize for any inconvenience this may have caused.



PUBLIC HEALTH

Children and Families Section



FDA Approves Over-the-Counter Access for Plan B



The U.S. Food and Drug Administration (FDA) recently announced approval of Plan B, a contraceptive drug, as an over-the-counter (OTC) option for women age 18 and older. Plan B is often referred to as emergency contraception or the "morning after pill." It contains an ingredient used in prescription birth control pills. Only in the case of Plan B, each pill contains a higher dose and the product has a different dosing regimen. Like other birth control pills, Plan B has been available to all women as a prescription drug. When used as directed, Plan B effectively and safely prevents pregnancy. Plan B will remain available as a prescription-only product for women age 17 and under. Duramed, a subsidiary of Barr Pharmaceuticals, will make Plan B available with a rigorous labeling, packaging, education, distribution and monitoring program. In the CARE (Convenient Access, Responsible Education) program, Duramed commits to:

➤ Provide consumers and healthcare profes-

sionals with labeling and education about the appropriate use of prescription and OTC Plan B, including an informational toll-free number for questions about Plan B;

- Ensure that distribution of Plan B will only be through licensed drug wholesalers, retail operations with pharmacy services, and clinics with licensed healthcare practitioners, and not through convenience stores or other retail outlets where it could be made available to younger women without a prescription;
- Packaging designed to hold both OTC and prescription Plan B. Plan B will be stocked by pharmacies behind the counter because it cannot be dispensed without a prescription or proof of age; and
- Monitor the effectiveness of the age restriction and the safe distribution of OTC Plan B to consumers 18 and above and prescription Plan B to women under age 18.

For more information on Plan B and this recent action, please see: www.fda.gov/cder/drug/infopage/planB/default.htm.

2006 Annual Perinatal Association of Kansas (PAK) Conference

The 2006 Perinatal Association of Kansas (PAK) conference was held in Wichita on September 22nd at Wesley Medical Center in the Cessna Education Center. The theme for this year's conference was "Perinatal Care: Trends, Trials and Transformations 2006." In attendance at the conference were perinatal health professionals and others from the public and private sectors. Information was presented on a variety of topics ranging from methamphetamine use to sleep issues and their impact during pregnancy and postpartum. The election of officers for the coming year was held as well as a presentation of the Kunsche award. This year's Kunsche award recipient was William (Randy) Reed, MD, pictured left, a neonatologist associated with Wesley Medical Center and a long-time advocate for the improvement of perinatal health outcomes. We hope to see you next year! For more information on the Perinatal Association of Kansas go to: www.kspak.org



Ask Ken!
ELECTRONIC
SUBMISSION OF
DATA & CVR'S

Q: Do clinics report WIC visits on a CVR?

A: NO, some assessments are done in WIC, but none of these assessments are reported on a CVR.

Q: On Hispanic/Latino origin, do I have to report the breakdown of origin?

A: YES, it is very important to report breakdown of origin. Providing (5) unknown on breakdown of origin is not providing the data required. It is very evident that a large amount of (5) unknowns are being reported, the question is not being asked.



SCHOOL HEALTH

Brenda Nickel, Child Health Consultant
Jane Stueve, Adolescent Health Consultant



Emergency Rectal Medications is Delegable to Unlicensed Assistive Personnel in Kansas Schools



School nurses are faced with issues related to delegation of nursing tasks to unlicensed personnel in the school setting to meet the health and safety needs of children attending school. The most common delegable task is that of medication

administration. With the passage of Senate Bill 10 and the Kansas Statute 72-8252 allowing students to carry emergency medications with proper documentation from their physician, parent, and demonstration of competency to the school nurse, the delegation of some emergency medications has lessened. However, there is still a need for emergency medications that need to be administered by someone other than the student, especially since school nurses often cover more than one attendance center or may not be employed on a full-time basis. One emergency medication that may need to be used is anti-convulsant medication rectally in the event of prolonged seizure activity in a student diagnosed with a seizure disorder. The most common medication prescribed for this situation is rectal Diastat.

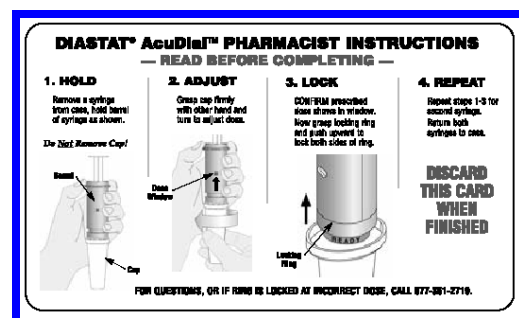
School nurses across the United States, as well as Kansas, have been discussing the legality of delegating the use of rectal Diastat in an anticipated health crisis to unlicensed assistive personnel (UAP) in schools. In some states, rectal medication administration is not to be delegated by the nurse. There have been concerns raised about the potential untoward effects of Diastat that may further exacerbate the seizure crisis, for instance, respiratory depression due to the administration of too much medication. In addition, there have been concerns about delegating a medication that needs to be instilled rectally while protecting the student's privacy during the health crisis.

Kathy Chaulkey, LPN, special investigator, and Diane Glynn, JD, RN, practice specialist, were consulted to verify that in Kansas, delegating the use of a rectal medication in an emergency is acceptable. **The Kansas Nurse Practice Act does not prohibit delegating to UAP the use of rectal medication.** As with any delegable task, it is imperative that the professional nurse: 1.) Have deter-

mined that this is a task that, in the nurse's professional judgment, may be delegated; Select the delegate(s) being mindful that the unlicensed person needs to be willing to accept this responsibility and is someone that is in the building daily; Provide training to the UAP with demonstration of competency; Directly supervise the UAP at least twice during the school year; Have a physician order / parent permission on file for the procedure; Have a specific and detailed Anticipated Crisis Plan for the student; Have medication information available; and Have the appropriate medication. The Anticipated Crisis Plan **MUST INCLUDE** what is to be done in conjunction with the administration of the Diastat: notification of EMS, notification of parents, support / monitoring of the student's health and safety while awaiting the effects of the Diastat / transport to a higher level of care.

The medication to be administered rectally may be dispensed in a syringe with a locking mechanism that must be "locked in" at the prescribed dose for the student's weight / age. Situations that raised questions about delegating this medication have occurred partly due to the medication delivery system not being used properly. Therefore, it is of the utmost importance that the delegating nurse has a thorough knowledge of delivery method of the medication to be used prior to delegating / training the UAP. For school nurse information on the medication Diastat, go to www.diastat.com/HTML-INF/Diazepam_Rn/Whats_Diastat.htm

For practice questions related to delegation of nursing tasks you are encouraged to call the Kansas State Board of Nursing at 785-296-4969. You may view the Kansas Nurse Practice Act at www.ksbn.org.



EVENTS



RESOURCES

KDHE's Center for Public Health Preparedness, the Adjutant General's office, SRS, the Kansas State University School of Family Studies and Human Services, and the Kansas Highway Patrol are sponsoring the **All-Hazards Behavioral Health Symposium: Preparedness, Response, and Recovery in Kansas** in Salina October 17-18 at the Kansas Highway Patrol Training Academy. You may access the conference brochure at <http://aheceast.kumc.edu/assets/AllHazardsBehaviorHealth06.pdf> on how to register.

Kansas Coordinated School Health will have its FIRST Statewide Workshop October 9-10 at the Hilton Wichita Airport Executive Conference Center. For more information and to register, go to www.kshealthykids.org and click "Upcoming events" or contact Shannon Charbonneau at 785-296-2726 or scharbonneau@ksde.org.

First International Symposium on Usher Syndrome and Related Disorders will be held October 4-6, sponsored by Boys Town National Research Hospital Omaha, Nebraska. For additional information including agenda, registration, lodging and travel visit www.sahlgrenska.se/vgrtemplates/Page_38539.aspx#

Parent Leadership Conference will be October 27- 28 at the Capital Building in Topeka. There is no fee and registration begins at 9:30 a.m. in the Old Supreme Court Room, on a first come basis. Deadline to register is October 13. For more information contact Tammy Aguilar at 785-368-6350 or txa@srs.ks.gov.

Lincoln County Health Department will host the **north central Healthy Start Home Visitor Fall Regional Training** on October 5 at the Mid-America Nursing Center, two blocks south of the Hwy 18 and Hwy 14 junction. Please park on the north side of the building and walk down the long sidewalk to the basement entrance door. Lunch will be catered for \$9 per person. RSVP Ladonna at 785-524-4406 or lchd@nckcn.com. Be sure to bring empty bags or boxes to carry your goodies home.

Oral Health Conference registration now available for "Making Oral Health a Priority in Kansas...Because It Matters!" The Oral Health Kansas Annual Conference will be October 26-28 at the Hotel at Old Town in Wichita. For a full agenda and to register visit www.oralhealthkansas.org. To have the registration form mailed, contact Teresa Schwab at 785-235-6039 or email at ohks@oralhealthkansas.org.

2006 Reportable Diseases in Kansas for health care providers, hospitals and laboratories. For resources, including disease reporting information, the Kansas Notifiable Disease List and reporting form, go to www.kdheks.gov/epi/disease_surveillance.html

3Ts for Reducing Lead in Drinking Water at Schools and Child care Facilities Toolkit contains materials to implement a voluntary Training, Testing, and Telling strategy. "Our drinking water tools for schools teach lead prevention through action and awareness," said Benjamin H. Grumbles, assistant administrator for Water. The "3Ts Toolkit" explains how to test for lead in drinking water; report results to parents, students, staff, and other interested parties; and take action to correct problems. It includes an update to a 1994 EPA technical guidance to help schools design and implement testing programs. Printed copies of the toolkit will be available through the Water Resource Center at 800-832-7828 and through the Safe Drinking Water Hotline at: 800-426-4791. To view the toolkit visit: www.epa.gov/safewater/schools/guidance.html EPA will also distribute toolkits at conferences attended by school officials and child-care providers throughout 2006. Information about drinking water and children's health is available at: www.epa.gov/safewater/kids/kidshealth.

Resource for Urban School Districts on Air Quality—

The American Association of School Administrators (AASA) has been intimately involved in indoor air quality issues since 1992 and has been a long time partner with EPA to educate schools about the effects of poor indoor air quality on children's health and continues to encourage the adoption of proactive indoor air quality management programs or similar to EPA's Indoor Air Quality Tools for Schools among school administrators...read more www.cadmusonline.net/iaqtfs/articles/Article_7.html.

Girlshealth.gov: Printable Fact Sheets Help Teach Girls About Health. Have you been looking for a way to talk with girls about self-esteem, staying away from cigarettes, anger management, or dealing with the pressure to have sex? These printable fact sheets on girlshealth.gov are a great way to share information about a variety of health topics with either a group or one-on-one visit www.girlshealth.gov/educators/fact_sheets.htm

Words
once
spoken
can
never be
recalled.

Wentworth
Dillion



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Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.

We hope this newsletter continues to be a useful resource for you. We encourage you to give us your comments, feedback and suggestions. Previous editions of ZIPS can be found at:

www.kdheks.gov/c-f/zips/

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October is SIDS Awareness Month: “Every Baby Counts” Campaign

October is SIDS Awareness Month. Whether you are a practitioner working with mothers in a prenatal or postnatal community or clinic setting or through home visitation, there are varied resources that you can obtain for use with families and other providers to increase the awareness of risk factors that may contribute to SIDS.



In 2006, the CJ Foundation introduced a new advertising campaign designed to reach out to the general public in support of the foundations mission. The message, "every baby counts" is a rallying cry to anyone and everyone to help reduce the risk of SIDS. The poster to the left

is an example of new educational resources available. You can view this new campaign at www.cjsids.com/index.html.

In Kansas, Christy Schunn, executive director for SIDS Network of Kansas, also has resources for practitioners to use. Simply access the Kansas Website at www.sidsnetworkofkansas.org/. You can visit the National Institute of Health site to view their Back to Sleep campaign materials at www.nichd.nih.gov/sids/sids.cfm

